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# HOWE & WYNDHAM L.L.P.

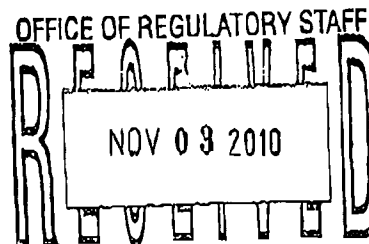
*Attorneys at Law*

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POST OFFICE BOX 598  
CHARLESTON, S.C. 29402

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E-mail: howewyndham@bellsouth.net

November 1, 2010



Public Service Commission of S.C.  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, SC 29211

Re: Harrison Transportation, LLC

2009-214-T  
2010-102-T

Dear Sir or Madam:

Please find enclosed Class C Reinstatement Form which I am filing with your office on behalf of Harrison Transportation, LLC. Please let me know if you need any additional information.

Herbert Harrison, the owner of Harrison Transportation, LLC has apparently relied on his insurance agency to make sure the fees with the Public Service Commission were up to date. There was a specific lady there who always helped him with this. She apparently left the company and he did not know it. As a result, he got behind in his fees and his license with your agency was revoked. Mr. Harrison is a very fine gentlemen who, unfortunately, is not very sophisticated. He did not intentionally try to avoid paying any fees.

Mr. Harrison is going to get the vans repainted with the correct name of Harrison Transportation, LLC put on them.

Please let me know if you need any additional information.

With kindest regards, I am

Sincerely,

Donald H. Howe

DHH:tgw  
Enclosure

cc: Ms. Carole Chauvin  
SC Office of Regulatory Staff

NOV 03 2010  
PSC SC  
CLERK'S OFFICE

# CLASS C REINSTATEMENT FORM

## File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

## Mail or fax a copy to:

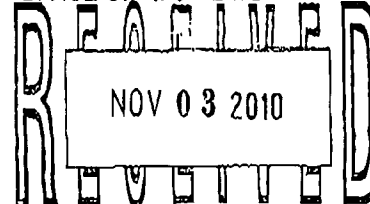
S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

Carol

DATE

11/1/10

OFFICE OF REGULATORY STAFF



Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 8154-A
- ☐ Charter Certificate Number \_\_\_\_\_
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on 5/3/10 because of failure

to pay decal fees for the First Half year 2010 enforcement period.

I am seeking reinstatement because for several years my insurance rep. always made sure these fees got paid on time but she left the company and I did not know it.

Harrison Transportation LLC  
(Name of Company)

N/A  
(if applicable)

8724 Silver Creek Ln  
(Street Address)

Same  
(Mailing Address if different from Street Address)

N. Chas. S.C. 29412  
(City, State, Zip Code)

Harold H. Hamlin  
(Signature)

843-345-1836  
(Telephone Number)

President  
(Title) Owner, President, etc.